**DERBY AREA NETBALL ASSOCIATION**

## REQUEST FOR TRANSFER FORM

All transfer requests must be submitted between 1st – 20th December only.

All transfers are at the discretion of the committee.

Transferring player must NOT play in the DANA league for 2 weeks prior to transferring and can start playing for the new team at the half way point of the season.

Please complete and return the form before 15th December to dananetball@gmail.com

**NAME OF PLAYER TO BE TRANSFERED**

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|  |

**FROM TEAM/ DIVISION**

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|  |

**TO TEAM/DIVISION**

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**REASON FOR TRANSFER**

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**Name of person making request …………………………………………..**

I confirm that the player wishes to transfer team and that the current team captain / secretary has agreed with this request.

**Signed …………………………………………………**